

IRMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
10305-5428

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.
1	/	/					51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		(1)					57		
8		(1)					58		
9		(1)					59		
10		(1)					60		
11		(1)					61		
12		(1)					62		
13		(1)					63		
14		(1)					64		
15		(1)					65		
16		(1)					66		
17		(1)					67		
18		(1)					68		
19		(1)					69		
20		(1)					70		
21			/				71		
22			/				72		
23			/				73		
24			/				74		
25			/				75		
26			/				76		
27			/				77		
28			/				78		
29			/				79		
30			/				80		
31			/				81		
32			/				82		
33			/				83		
34			/				84		
35			/				85		
36			/				86		
37			/				87		
38			/				88		
39			/				89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL D.							TOTAL IND.		
TOTAL P.			14				TOTAL DEP.		
TOTAL AMs			14				TOTAL CLAIMS		